

AUTO CR - LOG SUMMARY #1070594

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved officer discharged his Taser to subdue [REDACTED] who at the time was fighting with police officers at the scene of the incident. Mr. [REDACTED] was arrested and transported to the hospital to have the probes removed.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	WILLIS, MARGIT L		[REDACTED]	002 /	SERGEANT OF POLICE	F	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
27-JUL-2014 04:19 - 27-JUL-2014 04:19	[REDACTED]	0231	002	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject	[REDACTED]					M	BLK	[REDACTED]	
CPD Employee	Involved Member	AREKAT, DARWISH A	8679	[REDACTED]	002 /	POLICE OFFICER	M	API		
CPD Employee	Witness	FORBES, PATRICK W	2953	[REDACTED]	044 / 411	POLICE OFFICER	M	WHI		
CPD Employee	Witness	MULLIGAN, KEVIN E	7621	[REDACTED]	044 / 411	POLICE OFFICER	M	WHI		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:	[REDACTED]		

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	29-AUG-2014 04:24	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	29-AUG-2014 04:23	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	20-AUG-2014 07:01	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	20-AUG-2014 07:25	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	19-AUG-2014 08:48	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Follow-up email to Sgt. Willis and the reviewing/approving supervisors on TRR.
PRELIMINARY	07-AUG-2014 11:08	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Sent email to Sgt. Willis for Taser download.
PRELIMINARY	04-AUG-2014 10:36	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	01-AUG-2014 01:54	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	Waiting on Taser Download
PRELIMINARY	27-JUL-2014 06:42	NEUBECK, DANIEL	INVESTIGATOR 2 COPA	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					NEUBECK, DANIEL	27-JUL-2014 06:42			
	DOCUMENTS - INTAKE INCIDENT		2	PO Kevin Mulligan	N	HAYES, SHANNON	04-AUG-2014 10:35	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	PO Patrick Forbes	N	HAYES, SHANNON	04-AUG-2014 10:34	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	reupload	N	NEUBECK, DANIEL	27-JUL-2014 08:48	DELETED		
	DOCUMENTS - INTAKE INCIDENT		3	████████ Battery - Agg PO Hands No/Min Injury	N	NEUBECK, DANIEL	27-JUL-2014 08:47	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	HAYES, SHANNON	20-AUG-2014 07:24	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	PO Darwish Arekat	N	HAYES, SHANNON	07-AUG-2014 11:07	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	PO Kevin Mulligan	N	HAYES, SHANNON	04-AUG-2014 10:34	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		10	████████	N	HAYES, SHANNON	04-AUG-2014 10:35	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Patrick Forbes	N	HAYES, SHANNON	04-AUG-2014 10:34	APPROVED		

Review Incident

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 27-JUL-2014) - LOG #1070594

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	WILLIS, MARGIT L			002 /	SERGEANT OF POLICE	F	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
27-JUL-2014 04:19 - 27-JUL-2014 04:19		IL0231	002	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	27-JUL-2014 18:42	NEUBECK, DANIEL	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	29-AUG-2014 04:24	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	29-AUG-2014 04:23	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	20-AUG-2014 07:01	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	20-AUG-2014 07:25	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
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PRELIMINARY	01-AUG-2014 01:54	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	Waiting on Taser Download

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PRELIMINARY	27-JUL-2014 06:42	NEUBECK, DANIEL	INVESTIGATOR 2 COPA	113 /	

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C

RD # [REDACTED]
Case ID: [REDACTED]
EVENT # [REDACTED]

INCIDENT	APPROVAL COMPLETE		
	IUCR: 0454 - Battery - Agg Po Hands No/Min Injury		
	Occurrence Location: [REDACTED] 303 - Sidewalk	Beat: 0231	Unit Assigned: 0234 RO Arrival Date: 27 July 2014 17:20
	Occurrence Date: 27 July 2014 16:19		# Offenders: 1

NON-OFFENDER(S)	VICTIM - Individual		Police Officer
	Name: VASQUEZ, Martin	Beat: 0225	Demographics
	5101 S Wentworth Ave Chicago, Illinois 312 - 747 - 8366		Male White Hispanic DOB: [REDACTED] Age: 27 Years
	Sobriety: Sober CPD Officer: Yes		

NON-OFFENDER(S)	VICTIM - Individual		Police Officer
	Name: FORBES, Patrick	Beat: 0225	
	5101 S Wentworth Ave Chicago, Illinois 312 - 747 - 8366		
	Sobriety: Sober CPD Officer: Yes		

NON-OFFENDER(S)	VICTIM - Individual		Police Officer
	Name: MULLIGAN, Kevin	Beat: 0225	
	5101 S Wentworth Ave Chicago, Illinois 312 - 747 - 8366		
	Sobriety: Sober CPD Officer: Yes		

INJURY(S)	Injury Info (VASQUEZ, Martin - Victim)		
	Injured BY offender		Extent: Minor
	<u>Type</u>	<u>Weapon Used</u>	<u>Other Weapon Used</u>
	Abrasions	Hand/Foot/Teeth/Etc.	Other - Hand
	Injury Info (MULLIGAN, Kevin - Victim)		
	Injured BY offender		Extent: Minor
	<u>Type</u>	<u>Weapon Used</u>	<u>Other Weapon Used</u>
	Abrasions	Hand/Foot/Teeth/Etc.	Other - Hand
	Injury Info (FORBES, Patrick - Victim)		
	Injured BY offender		Extent: Minor
	<u>Type</u>	<u>Weapon Used</u>	<u>Other Weapon Used</u>
	None Visible	Hand/Foot/Teeth/Etc.	Other - Hand



Chicago Police Department - Incident Report

RD #: [REDACTED]

SUSPECT(S)	Suspect # 1		In Custody	
	Name:	[REDACTED]	Demographics	
	Res:	Beat: 2233	Male	DOB: [REDACTED]
			Black	Age: 26 years
		5'09,	Birth Place: Illinois	
		163 lbs ,		
		Brown Eyes		
		Black Hair		
		Short Hair Style		
		Medium Brown Complexion		
Injury Info				
		Extent: Minor		
CFD First Aid Given: Yes				
Responding Unit:		Ambulance 38	Hospital: [REDACTED]	
<u>Type</u>		<u>Weapon Used</u>	<u>Description</u>	
Other		Other	TAZER	

RELATIONSHIP				
	VASQUEZ, Martin	(Victim)	is a No Relationship of	[REDACTED] (Offender)
	FORBES, Patrick	(Victim)	is a No Relationship of	[REDACTED] (Offender)
	MULLIGAN, Kevin	(Victim)	is a No Relationship of	[REDACTED] (Offender)

OTHER	Miscellaneous	
	Victim Information Provided	Flash Message Sent ? No

NARRATIVES		
	<p>EVENT [REDACTED] IN SUMMARY P.O. RESPONDED TO CALL OF CRIMINAL TRESPASS AT ABOVE LOCATION, UPON ARRIVAL OFFICER OBSERVED OFFENDER MATCHING DESCRIPTION. AS P.O.'S APPROACHED OFFENDER, OFFENDER STARTED TO SWING HIS FIST AT P.O.'S. P.O. MULLIGAN IN AN ATTEMPT TO KEEP FROM GETTING HIT, SLIPPED AND FELL TO GROUND, P.O.'S FORBES AND VASQUEZ WAS ABLE TO TAKE OFFENDER TO THE GROUND. OFFICER AREKAT THEN ARRIVED ON SCENE AND WAS ABLE TO DEPLOY HIS TAZER TO SUBDUE THE OFFENDER. OFFENDER TRANSPORTED BY C.F.D AMBULANCE#38, TO [REDACTED] FOR TREATMENT, AND RETURNED TO 002 DISTRICT FOR PROCESSING. E.T. REQUESTED, E.T. CARY#11183 BEAT5816 ON SCENE, FOR PHOTOS. NOTIFICATION: VIOLENT CRIMES KNEIP Beat#: 2105 Star#: 21646 Emp#: Date: 27-JUL-2014 Time: 1840 NOT</p> <p>- STAR#: 8679 NAME: DARWISH AREKAT BEAT: 0231</p> <p>- STAR#: 11060 NAME: MOHAMMAD KHALIL BEAT: 0231</p>	

PERSONNEL							
	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	10540	[REDACTED]	JONES, Randall, K	[REDACTED]	27 Jul 2014 19:18	002	0234



Chicago Police Department - Incident Report

RD #: [REDACTED]

IUCR ASSOCS.

Victim	IUCR	Crime
VASQUEZ	0454	Battery - Agg Po Hands No/Min Injury
MULLIGAN	0454	Battery - Agg Po Hands No/Min Injury
FORBES	0454	Battery - Agg Po Hands No/Min Injury

Offender

[REDACTED]



TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 27-JUL-2014		TIME 17:15:00		2. ADDRESS OF OCCURRENCE			3. LOCATION CODE 303		4. BEAT/OCCUR 0231								
	5. POSITION 9161	6. LAST NAME AREKAT		7. FIRST NAME DARWISH A		8. STAR NO. 8679	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE API	11. AGE [REDACTED]	12. HT. 601	13. WT. 204							
	14. DATE OF APPT. 31-JUL-2006		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 002 0231		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 511	27. WT. 160								
	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																	
REASON FOR USE OF FORCE (Check all that apply)	36. CHARGES PLACED <input type="checkbox"/> DNA												37. CB NO. [REDACTED]	IR NO. [REDACTED]	<input type="checkbox"/> DNA			
	38. SUBJECT'S ACTIONS												39. MEMBER'S RESPONSE		40. ADDITIONAL INFORMATION			
	39. MEMBER'S RESPONSE												40. ADDITIONAL INFORMATION					
WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER												42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR	
	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE											
	49. TASER DART ID NO. C62004E25		50. WEAPON SERIAL No. (Include Letters) X30001D9A		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.									
CASE INFO.	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED									
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)											
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO													
SIGNATURES	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)												67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		70. EVENT NO. [REDACTED]			
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN												69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		71. R.D. NO. [REDACTED]			
	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.												73. REPORTING MEMBER (Print Name) AREKAT, DARWISH A 27-JUL-2014 19:25:38		STAR/EMPLOYEE NO. 8679		SIGNATURE [REDACTED]	
74. REVIEWING SUPERVISOR (Print Name) SLOWINSKI, JOHN B												STAR NO. 1951		SIGNATURE [REDACTED]		DATE REVIEWED 27-JUL-2014 19:30:17		

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☒ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Officer Arekat's use of force was within the Department use of force guidelines.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

SAM, CINDY

SIGNATURE

DATE COMPLETED TIME

27-JUL-2014 19:58:31

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT
☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

1

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 27-JUL-2014		TIME 16:19:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 303		4. BEAT/OCCUR 0231											
	5. POSITION 9161		6. LAST NAME FORBES		7. FIRST NAME PATRICK W		8. STAR NO. 2953		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 510		13. WT. 175				
	14. DATE OF APPT. 26-AUG-2013		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 044 4156K		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No										
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 509		27. WT. 163						
							MED? HANDS/FISTS <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No										
							CONDITION <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid														
36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****																		37. CB NO. [REDACTED]		IR NO. <input type="checkbox"/> DNA	
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE										
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER SWUNG ARMS		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____										
MEMBER'S RESPONSE			MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____										
WEAPON DISCHARGE INCIDENT	39. <input checked="" type="checkbox"/> DNA																				
	40. ADDITIONAL INFORMATION																				
	POSITION: _____ STAR NO.: _____ UNIT: _____																				
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER _____																				
	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors																				
	43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial																				
	44. WEATHER CONDITIONS CLEAR																				
	45. MAKE/MANUFACTURER _____ 46. MODEL _____ 47. BARREL LENGTH _____ 48. CALIBER/GAUGE _____																				
	49. TASER DART ID NO. _____ 50. WEAPON SERIAL No. (Include Letters) _____ 51. CHICAGO GUN REG. NO. _____ 52. IL FIREARM OWNER ID. NO. _____ 53. HANDGUN CERTIFICATE NO. _____																				
	54. SPECIAL WEAPON CERTIFICATE NO. _____ 55. PROPERTY INVENTORY NO. _____ 56. TYPE OF AMMUNITION USED _____ 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER _____ 58. TOTAL NO. OF SHOTS MEMBER FIRED _____																				
CASE INFO.	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) _____																				
	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																				
	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED _____																				
	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) _____																				
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) _____																				
SIGNATURES	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD _____																				
	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																				
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) _____																				
	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																				
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																				
SIGNATURES	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) _____																				
	70. EVENT NO. [REDACTED]																				
	71. R.D. NO. [REDACTED]																				
SIGNATURES	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																				
	73. REPORTING MEMBER (Print Name) FORBES, PATRICK W 27-JUL-2014 19:28:25 STAR/EMPLOYEE NO. 2953 SIGNATURE [REDACTED] Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																				
	74. REVIEWING SUPERVISOR (Print Name) GAAL, CHRISTIAN M STAR NO. 2012 SIGNATURE [REDACTED] DATE REVIEWED 27-JUL-2014 19:41:27 TIME																				

SUBJECT INFORMATION	36. CHARGES PLACED	<input type="checkbox"/> DNA	
	720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4		

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☒ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Officer Forbes's actions were consistent with the use of force guidelines for the department.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

SAM, CINDY

SIGNATURE



DATE COMPLETED TIME

27-JUL-2014 20:24:02

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

4

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO.

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) FORBES, PATRICK W		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. 2953		ADDRESS OF OCCURRENCE [REDACTED]	
POSITION POLICE OFFICER		CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT 26-AUG-2013		LOCATION CODE 303-SIDEWALK	
EMPLOYEE NO. [REDACTED]		BEAT OF OCCURRENCE 0231	
UNIT OF ASSIGNMENT 411		BEAT/CALL NO. 4156K	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE 27-JUL-2014
HEIGHT 510		TIME 16:19:00	DAY OF WEEK SUNDAY
WEIGHT 175		NO. OF OFFICERS BATTERED 3	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? 4	
WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? 8 PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input checked="" type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT <input checked="" type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		OFFENDER INFORMATION	
LIGHTING CONDITIONS AT INCIDENT		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	
<input checked="" type="checkbox"/> A. DAYLIGHT	<input type="checkbox"/> D. DUSK	RACE BLACK	DOB [REDACTED]
<input type="checkbox"/> B. NIGHT	<input type="checkbox"/> E. ARTIFICIAL LIGHT	CB NO. [REDACTED]	IR NO. [REDACTED]
<input type="checkbox"/> C. DAWN	<input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD	WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN	
WEATHER CONDITIONS		GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN	
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER		NO. OF OFFENDERS PRESENT? 1	
<input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL	<input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND	APPROXIMATE OUTDOOR TEMPERATURE: 84 °F	

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REPORTING MEMBER - SIGNATURE FORBES, PATRICK W	STAR NO. 2953	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE SAM, CINDY	STAR NO. 274
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TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 27-JUL-2014		TIME 16:19:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 303		4. BEAT/OCCUR 0231															
	5. POSITION 9161		6. LAST NAME MULLIGAN		7. FIRST NAME KEVIN E		8. STAR NO. 7621		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 511		13. WT. 180								
	14. DATE OF APPT. 03-JUN-2013		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 044 4156Q		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No														
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 509		27. WT. 163										
							28. MED? HANDS/FISTS <input type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No														
							29. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																		
36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****																		37. CB NO. [REDACTED]		IR NO. <input type="checkbox"/> DNA					
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE														
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>														
			STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER <u>SWUNG ARMS AGGRESS</u>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>														
MEMBER'S RESPONSE			OTHER _____		OTHER _____				OTHER <u>HANDS</u>		OTHER _____														
			MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>														
			VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____														
WEAPON DISCHARGE INCIDENT			ESCORT HOLDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>																
			WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>																				
			ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>																				
CASE INFO.			PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>																				
			CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>																				
			OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>																				
SIGNATURES			OTHER _____		OTHER _____		OTHER _____																		
39. <input checked="" type="checkbox"/> DNA																		40. ADDITIONAL INFORMATION							
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER																		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR			
45. MAKE/MANUFACTURER																		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE			
49. TASER DART ID NO.																		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.	
54. SPECIAL WEAPON CERTIFICATE NO.																		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED	
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)																		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CATRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)	
64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD																		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)							
70. EVENT NO.																		71. R.D. NO.							
72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																									
73. REPORTING MEMBER (Print Name) MULLIGAN, KEVIN E 27-JUL-2014 19:06:43																		STAR/EMPLOYEE NO. 7621		SIGNATURE [REDACTED]					
74. REVIEWING SUPERVISOR (Print Name) GAAL, CHRISTIAN M																		STAR NO. 2012		SIGNATURE [REDACTED]		DATE REVIEWED 27-JUL-2014 19:38:58		TIME	

SUBJECT INFORMATION	36. CHARGES PLACED	<input type="checkbox"/> DNA	
	720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4		

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☒ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Officer Mulligan's actions were consistent with the use of force guidelines for the department.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

SAM, CINDY

SIGNATURE



DATE COMPLETED TIME

27-JUL-2014 20:18:38

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

4

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO.

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"			
OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) MULLIGAN, KEVIN E		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. 7621		ADDRESS OF OCCURRENCE [REDACTED]	
POSITION POLICE OFFICER		CITY <input checked="" type="checkbox"/> CHICAGO STATE (If outside Chicago)	
DATE OF APPOINTMENT 03-JUN-2013		EMPLOYEE NO. [REDACTED]	
UNIT OF ASSIGNMENT 411		LOCATION CODE 303-SIDEWALK	
BEAT/CALL NO. 4156Q		BEAT OF OCCURRENCE 0231	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE WHITE		DATE OF OCCURRENCE 27-JUL-2014	
DOB [REDACTED]		TIME 16:19:00	
HEIGHT 511		DAY OF WEEK SUNDAY	
WEIGHT 180		NO. OF OFFICERS BATTERED 3	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? 4	
WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? 8 PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input checked="" type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input checked="" type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
LIGHTING CONDITIONS AT INCIDENT		OFFENDER INFORMATION	
<input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE BLACK	
		DOB [REDACTED]	
		CB NO. [REDACTED] IR NO.	
		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN	
		GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN	
		NO. OF OFFENDERS PRESENT? 1	
		WEATHER CONDITIONS	
		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND	
		APPROXIMATE OUTDOOR TEMPERATURE: 84 °F	

-

REPORTING MEMBER - SIGNATURE	STAR NO.	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE	STAR NO.
MULLIGAN, KEVIN E	7621	SAM, CINDY	274

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11.420C(REV. 6/30)

ARREST REPORTING

OFFENDER	Name:		Male
	Res:		Black
		Beat: 2233	5' 11"
			160 lbs
	DOB:		Brown Eyes
	AGE: 26 years		Black Hair
POB: Illinois		Short Hair Style	
SSN:		Dark Brown	
ARMED WITH	Unarmed	Complexion	

INCIDENT	Arrest Date: 27 July 2014 16:19	TRR Completed? Yes	Total No Arrested:1	Co-Arrests	Assoc Cases
	Location:	Beat: 231		DCFS Ward ? No	
	303 - Sidewalk		Dependent Children? No		
	Holding Facility: District 002 Male Lockup				
Resisted Arrest? Yes					

CHARGES	1	Offense As Cited	720 ILCS 5.0/31-1-A-7	Victim
			RESISTING/PC OFF/CORR EMP/FRFTR INJ	State Of Illinois, P.O. Mulligan #7621
			Class 4 - Type F	
	2	Offense As Cited	720 ILCS 5.0/31-1-A-7	State Of Illinois, P.O. Vasquez #10500
			RESISTING/PC OFF/CORR EMP/FRFTR INJ	
			Class 4 - Type F	
3	Offense As Cited	720 ILCS 5.0/31-1-A	State Of Illinois, P.O. Forbes #2953	
		RESISTING/PC OFF/CORR EMP/FRFTR		
		Class A - Type M		

FELONY REVIEW	Felony Review : Approved	27 JUL 2014 20:49	Weber, Anna	State's Attorneys's Office

RECOVERED NARCOTICS	NO NARCOTICS RECOVERED



ARREST REPORTING

WARRANT

NO WARRANT IDENTIFIED

ARREST COPY



ARREST REPORTING

NON-OFFENDER(S)

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Mulligan #7621

Res: 5100 S Wentworth Ave
Chicago, IL 60609
312-747-8366

Beat: 225

Male

White

DOB: [REDACTED]

Age: 26 years

Injured? Yes Deceased? No

Hospitalized? No

Treated and Released? No



ARREST REPORTING

Injuries: Laceration

ARREST COPY



ARREST REPORTING

LACERATION ON RIGHT ELBOW

Comments:

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Vasquez #10500

Res: 5100 S Wentworth Ave
Chicago, IL 60609

Beat: 225

Male

White Hispanic

DOB [REDACTED]

Age: 27 years

Injured? Yes Deceased? No

Hospitalized? No

Treated and Released? No



ARREST REPORTING

Injuries: Laceration

ARREST COPY



ARREST REPORTING

LACERATION ON RIGHT FOREARM

Comments:

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Forbes #2953

Res: 5100 S Wentworth Ave
Chicago, IL 60609
312-747-8366

Beat: 225

Male

White

DOB [REDACTED]

Age: 28 years

Comments:

Injured? No

Deceased? No

Hospitalized? No

Treated and Released? No

ARRESTEE
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED]

NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT NUMBER [REDACTED] - IN SUMMARY THE ABOVE OFFENDER WAS ARRESTED ON SIGNED COMPLAINTS IN THAT R/OS WHILE RESPONDING TO A CALL OF CRIMINAL TRESPASS/LOITERING AT ABOVE LOCATION ATTEMPTED TO STOP ABOVE OFFENDER TO CONDUCT AN INVESTIGATION AT WHICH TIME THE ABOVE OFFENDER BECAME AGGRESSIVE AND BEGAN SWINGING ARMS TOWARD R/OS. R/OS ATTEMPTED TO SUBDUE OFFENDER AT WHICH TIME ABOVE SUBJECT BECAME MORE AGGRESSIVE KNOCKING HIMSELF AND R/OS TO THE GROUND. P.O. MULLIGAN #7621 SUSTAINED A SMALL LACERATION TO HIS RIGHT ELBOW. P.O VASQUEZ #10500 SUSTAINED A SMALL LACERATION TO HIS RIGHT FOREARM DURING THIS INCIDENT. AT THIS TIME P.O. AREKAT #8679 BT231 ARRIVED ON SCENE AND DEPLOYED TASER STRIKING OFFENDER IN THE BACK. ABOVE OFFENDER PLACED IN CUSTODY AND TRANSPORTED TO UOFC BY CFD #38 AND WAS TREATED AND RELEASED PER DR. AHN. OFFENDER TRANSPORTED TO 002 FOR PROCESSING. OFFENDER CLEAR INVESTIGATIVE ALERT. NAME CHECK, GIP AND 2DA. OFFENDER NOT PAROLE. OFFENDER IS A SELF PROCLAIMED [REDACTED] TASER INVENTORY [REDACTED]

COURT INFO

Desired Court Date: 04 August 2014

Branch: 48-5 155 W 51ST ST - Room

Court Sgt Handle? No

Initial Court Date: 28 July 2014

Branch: 1 2600 S CALIFORNIA - Room100

Docket #:

BOND INFO

BOND INFORMATION NOT AVAILABLE

ARREST REPORTING

ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #7621 MULLIGAN, K E 27 JUL 2014 19:51

ARRESTING OFFICER(S):

1st Arresting Officer: #7621 MULLIGAN, K E Beat 4156Q

2nd Arresting Officer: #2953 FORBES, P W Beat 4156K

APPROVING SUPERVISOR:

Approval of Probable Cause : #2335 WILLIS, M L 27 JUL 2014 19:57

ARREST PROCESSING REPORT

Holding Facility: District 002 Male Lockup
Received in Lockup: 27 July 2014 20:48
Prints Taken: 27 July 2014 20:49
Palprints Taken: Yes
Photograph Taken: 27 July 2014 21:00
Released from Lockup: 28 July 2014 09:15

Time Last Fed:
Time Called: Phone#:
Cell #: 3-2 - Placed in one person cell
Transport Details : 2PO 0231 27-JUL-2014 16:48

VISUAL CHECK OF ARRESTEE

Is there obvious pain or injury? Yes
Is there obvious signs of infection? No
Under the influence of alcohol/drugs? No
Signs of alcohol/drug withdrawal? No
Appears to be despondent? No
Appears to be irrational? No
Carrying medication? No

ARRESTEE QUESTIONNAIRE

Presently taking medication? No
(if female)are you pregnant? No
First time ever been arrested? No
Attempted suicide/serious harm? No
Serious medical or mental problems? No
Are you receiving treatment? No
Transgender/intersex/gender non-conforming? No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

Arrestee Was Tazed Prior Of Being Arrested. Arrestee Was Taken And Cleared From Hospital.

LOCKUP KEEPER COMMENTS:

EMERGENCY CONTACT

Name :
Res Beat:0133

INTERVIEW LOG

NO INTERVIEWS LOGGED

VISITOR LOG

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

ARRESTEE PROCESSING PERSONNEL:

			Beat
Searched By:		FOOTE, L A	
Lockup Keeper:		GIBSON, C	
Assisting Arresting Officer:	#10500	VASQUEZ JR, M	4156I
Fingerprinted By:		STROUD, D T	
Detective :	#20768	Richter, John B	5102

APPROVAL PERSONNEL:

			Beat
Final Approval of Charges :	#1935	PIERCE, T	27 JUL 2014 21:57

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 27-JUL-2014		TIME 17:15:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 303		4. BEAT/OCCUR 0231																			
	5. POSITION 9161		6. LAST NAME AREKAT		7. FIRST NAME DARWISH A		8. STAR NO. 8679		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE API		11. AGE [REDACTED]		12. HT. 601		13. WT. 204												
	14. DATE OF APPT. 31-JUL-2006		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 002 0231		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																		
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 511		27. WT. 160														
							30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																		
							35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																						
36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****																		37. CB NO. [REDACTED]		IR NO. <input type="checkbox"/> DNA									
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE																		
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>																		
			STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>																		
WEAPON DISCHARGE INCIDENT			OTHER _____		OTHER <u>CLIMBED FENCE</u>				OTHER _____		OTHER _____																		
			MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>																		
			VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____																		
CASE INFO.			ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>																				
			WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>																								
			ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input checked="" type="checkbox"/>																								
SIGNATURES			PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>																								
			CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>																								
			OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>																								
39. <input type="checkbox"/> DNA																		40. ADDITIONAL INFORMATION											
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER																		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR							
45. MAKE/MANUFACTURER																		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE							
49. TASER DART ID NO. C62004E25																		50. WEAPON SERIAL No. (Include Letters) X30001D9A		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.					
54. SPECIAL WEAPON CERTIFICATE NO.																		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED					
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)																		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CATDRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.											
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)											
70. EVENT NO. [REDACTED]																		71. R.D. NO. [REDACTED]											
72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																													
73. REPORTING MEMBER (Print Name) AREKAT, DARWISH A																		STAR/EMPLOYEE NO. 8679		SIGNATURE [REDACTED]									
74. REVIEWING SUPERVISOR (Print Name) SLOWINSKI, JOHN B																		STAR NO. 1951		SIGNATURE [REDACTED]		DATE REVIEWED 27-JUL-2014 19:30:17		TIME					

SUBJECT INFORMATION	36. CHARGES PLACED	<input type="checkbox"/> DNA	
	720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4		

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☒ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Officer Arekat's use of force was within the Department use of force guidelines.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

SAM, CINDY

SIGNATURE



DATE COMPLETED

TIME

27-JUL-2014 19:58:31

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

4

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
07/16/2014 02:19:28	07/15/2014 21:19:28	Safe	C1: 25' Standard C2: 25' Standard	2s 2s	24°C 24°C	98% 98%
07/17/2014 02:30:02	07/16/2014 21:30:02	Armed	C1: 25' Standard C2: 25' Standard		23°C 23°C	98% 98%
07/17/2014 02:30:04	07/16/2014 21:30:04	Safe	C1: 25' Standard C2: 25' Standard	2s 2s	23°C 23°C	98% 98%
07/18/2014 02:31:58	07/17/2014 21:31:58	Armed	C1: 25' Standard C2: 25' Standard		24°C 24°C	98% 98%
07/18/2014 02:32:00	07/17/2014 21:32:00	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		98% 98%
07/18/2014 02:32:02	07/17/2014 21:32:02	Safe	C1: 25' Standard C2: 25' Standard	4s 4s	24°C 24°C	98% 98%
07/18/2014 20:42:34	07/18/2014 15:42:34	Armed	C1: 25' Standard C2: 25' Standard		24°C 24°C	98% 98%
07/18/2014 20:42:35	07/18/2014 15:42:35	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	25°C 25°C	98% 98%
07/18/2014 20:42:52	07/18/2014 15:42:52	Armed	C1: 25' Standard C2: 25' Standard		25°C 25°C	98% 98%
07/18/2014 20:42:53	07/18/2014 15:42:53	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	24°C 24°C	98% 98%
07/19/2014 19:08:26	07/19/2014 14:08:26	Armed	C1: 25' Standard C2: 25' Standard		24°C 24°C	98% 98%
07/19/2014 19:08:27	07/19/2014 14:08:27	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	24°C 24°C	98% 98%
07/20/2014 20:21:18	07/20/2014 15:21:18	Armed	C1: 25' Standard C2: 25' Standard		25°C 25°C	98% 98%
07/20/2014 20:21:19	07/20/2014 15:21:19	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	25°C 25°C	98% 98%
07/25/2014 03:53:14	07/24/2014 22:53:14	Armed	C1: 25' Standard C2: 25' Standard		26°C 26°C	98% 98%
07/25/2014 03:53:15	07/24/2014 22:53:15	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	26°C 26°C	98% 98%
07/26/2014 12:12:08	07/26/2014 07:12:08	Armed	C1: Empty C2: Empty		27°C 27°C	98% 98%
07/26/2014 12:12:09	07/26/2014 07:12:09	Arc	C1: Empty C2: Empty	1s 1s		98% 98%
07/26/2014 12:12:12	07/26/2014 07:12:12	Safe	C1: Empty C2: Empty	4s 4s	27°C 27°C	98% 98%
07/27/2014 02:40:46	07/26/2014 21:40:46	Armed	C1: 25' Standard C2: 25' Standard		28°C 28°C	98% 98%
07/27/2014 02:40:47	07/26/2014 21:40:47	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	27°C 27°C	98% 98%
07/27/2014 18:56:05	07/27/2014 13:56:05	Armed	C1: 25' Standard C2: 25' Standard		32°C 32°C	98% 98%
07/27/2014 18:56:07	07/27/2014 13:56:07	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		98% 98%
07/27/2014 18:56:08	07/27/2014 13:56:08	Safe	C1: 25' Standard C2: 25' Standard	3s 3s	32°C 32°C	98% 98%
07/27/2014 21:23:09	07/27/2014 16:23:09	Armed	C1: 25' Standard C2: 25' Standard		26°C 26°C	98% 98%
07/27/2014 21:23:13	07/27/2014 16:23:13	Trigger	C1: Deployed	4s		98% 98%
07/27/2014 21:23:17	07/27/2014 16:23:17	Safe	C1: Deployed C2: 25' Standard	8s 8s	26°C 26°C	98% 98%
07/27/2014 23:43:51	07/27/2014 18:43:51	USB Connected	C1: Invalid Carl. Type C2: Invalid Carl. Type		29°C 29°C	0% 0%
07/27/2014 23:45:47	07/27/2014 18:45:47	Time Sync	07/27/2014 18:45:47 to 07/27/2014 18:49:45			
07/28/2014 06:51:02	07/28/2014 01:51:02	Time Sync	07/28/2014 01:51:02 to 07/28/2014 01:51:03			
07/28/2014 10:30:12	07/28/2014 05:30:12	Armed	C1: 25' Standard C2: Empty		28°C 28°C	98% 98%
07/28/2014 10:30:16	07/28/2014 05:30:16	Safe	C1: 25' Standard C2: Empty	4s 4s	28°C 28°C	98% 98%